



DECLARATION OF PATERNITY AFFIDAVIT
Vital Registration Office (304) 558-2931

Type or Print Legibly - All Pen and Ink Changes Must Be Initialed By BOTH Parents

We, _____ and _____
(Print the Full Current LEGAL Name of Mother) (Print the Full Name of Father)
being duly sworn, acknowledge that the above named father is the biological father of (child's name on original birth certificate)
_____, a _____ child born on _____
(First) (Middle) (Last) (Jr., II) (Sex) (Month / Day / Year)
at _____
(Place of Birth, Hospital, etc.) (City) (County) (State)
to (mother's FULL MAIDEN name) _____ Mother's SSN: _____

HOW SHOULD THE CHILD'S NAME APPEAR ON THE BIRTH CERTIFICATE AFTER THE FATHER IS ADDED?

_____, _____, _____
First Name(s) Middle Name(s) Last Name(s) (Jr., II)

Child's SSN (if known): _____ Father's SSN (required): _____
Father's Date of Birth: _____ Father's Place of Birth: _____
Father's Race: _____ Is Father Hispanic?: (yes or no) _____
Father's Education (circle highest year completed): 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 >16
Father's Employer: _____ Address: _____
Father's Medical Insurance Company: _____ Address: _____

West Virginia State Code § 16-5-10(h) provides: "A notarized affidavit of paternity, signed by the mother and the man to be named as the father, acknowledging that the man is the father of the child, legally establishes the man as the father of the child for all purposes, and child support may be established pursuant to the provisions of chapter forty-eight of this code."
1. I understand that the Declaration of Paternity Affidavit is completely voluntary and may be rescinded (voided) judicially by either the mother or the father within the first sixty (60) days after it is signed or prior to a hearing (whichever is sooner). After the 60 day time frame has passed or after the date of a hearing (whichever is sooner), the paternity affidavit may only be voided by a court on the grounds of fraud, duress, or material mistake of fact.
2. I understand the paternity affidavit should not be completed and signed unless both parties who sign believe the man is the biological father of the child.
3. I understand that I have the right to a court hearing on the issue of paternity.
4. I understand that I have the right to a genetic test.
5. I understand that I have the right to an attorney to represent me at my own expense.
6. I understand that by signing this paternity affidavit, I have the right to notice of an adoption.
7. I understand that by signing this paternity affidavit, the father's name will be listed on the birth certificate as the father of the child.
8. I understand that by signing this paternity affidavit, I am accepting the responsibility to provide child support and medical insurance until the child is eighteen years of age.

BY SIGNING THIS PATERNITY AFFIDAVIT, I ACKNOWLEDGE THAT I HAVE READ AND HAVE HAD READ TO ME THE ALTERNATIVES TO, THE LEGAL CONSEQUENCES OF, AND THE RIGHTS AND OBLIGATIONS OF ACKNOWLEDGING PATERNITY.
IF THE MAN NAMED ABOVE IS NOT THE BIOLOGICAL FATHER OF THE CHILD, DO NOT SIGN THIS DOCUMENT!

Signature of Mother _____ Date _____ Signature of Father _____ Date _____
Address of Mother (Street or Route Number) _____ Address of Father (Street or Route Number) _____
City _____ County _____ State _____ Zip _____ City _____ County _____ State _____ Zip _____
Phone # _____ E-mail address (optional) _____ Phone # _____ E-mail address (optional) _____

Signature of Parent or Guardian if Mother is under age 18 _____ Signature of Parent or Guardian if Father is under age 18 _____

EACH NOTARY ACKNOWLEDGMENT MUST BE COMPLETED WITH A NOTARY STAMP FOR EACH SIGNATURE
NOTARY: Subscribed and sworn before me NOTARY: Subscribed and sworn before me

Notary's Signature _____ Notary's Signature _____
Notary's Address _____ Notary's Address _____
Date _____ Date _____
My Commission Expires: _____ My Commission Expires: _____

(STAMP or SEAL) (STAMP or SEAL)